



14785 Preston Rd. Suite # 550 | Dallas, Texas 75254
Phone: 214 732 9359 | Fax: 972 980 7836

Notice of Independent Review Decision

DATE OF REVIEW: 8/19/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Injection(s), anesthetic agent and/or steroid, transforaminal, epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

D.O. Board Certified in Anesthesiology and Pain Management.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)
☒ Overturned (Disagree)
☐ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Document Type	Date(s) - Month/Day/Year
Notice of Case Assignment	7/30/2012
Utilization Review Determinations Physical Therapy Progress Evaluation	6/14/2012-6/29/2012
Peer Review Reports	6/13/2012-6/27/2012
Report of Medical Evaluation	11/23/2011
Rehabilitation Group Designated Doctor Evaluation	11/23/2011
Visit Notes	2/02/2012-6/12/2012
MRI Report of Radiological Examination	2/20/2012
M.D., P.A. Medical Reports	8/29/2011-1/09/2012

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a female who was injured at work on xx/xx/xx when she tripped over a file cabinet and fell on her right side. Patient had an MRI on both the lumbar and cervical spine, underwent a cervical epidural steroid injection, and a lumbar steroid injection. Specific to the lumbar area, patient underwent an MRI of the lumbar spine on 8/18/2010 that revealed L4-5 diffuse disc bulge asymmetric to the right measuring 4mm with facet arthrosis causing mild bilateral neural foraminal narrowing and mild narrowing of the spinal canal to 9mm AP dimension, and L5-S1 facet arthrosis that cause no significant stenosis or neuroforaminal narrowing. Patient underwent a lumbar ESI on 4/19/2012, with reported 50% relief that



14785 Preston Rd. Suite # 550 | Dallas, Texas 75254
Phone: 214 732 9359 | Fax: 972 980 7836

lasted more than four weeks. Patient's last reported physical exam showed positive leg raise test at 40 degrees with decrease sensation at the L5 dermatome on the right. Patient is taking Norco BID, Gabapentin 300mg 1-2 TID, ASA 81mg, Cymbalta, and Avapro.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

Based on ODG, an Epidural Steroid injection (anesthetic agent and/or steroid, transforaminal, epidural, with imaging guidance; lumbar or sacral, single level) is medically necessary. Since the patient did get 50% relief which is in line with ODG guidelines, and patient continues to exhibit radicular signs as seen on her physical exam, this supports a repeat ESI by ODG. Since the report mentions relief more than four weeks I believe it falls in line of ODG guidelines for a repeat ESI.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☐ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)